

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 61*

Office of Registrar of Vital Statistics.

Ward *17th*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 29th 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaret Barry*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *25* Years, _____ Months, _____ Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *None*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City, Md.

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give Street and Number. }

1034 Haubert St. Locust point

Cause of Death, { First (Primary), Second (Immediate), }

Puerperal Fever

Duration of Last Sickness, *4 our days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 31st 87*

{ Undertaker, *John J. Schuch* *Nicholas L. Dathill, M. D.*

Medical Attendant.

{ Place of Business, *1735 Alice St.* Address, *700 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. *A 112* Office of Registrar of Vital Statistics. Ward *19*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 28 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lydia Ryland*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *58* Years, *3* Months, _____ Days,

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Housewife*

Birthplace, { State or country, and how long in the United States, if of foreign birth. } *York Pa.*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, { Give street and Number. } *417 Saratoga St.*

Cause of Death, { First (Primary). *Cancer of Stomach*
Second (Immediate). *" " "*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem.*

Date of Burial, *May 30/87*

Undertaker *C. J. Terwen*

Place of Business, *925 Madison Ave.*

J. H. Christian M. D.
Medical Attendant.

Address, *1821 Mad. Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully requested.

Board of Health City of Baltimore.

Permit No. **A 63** Office of Registrar of Vital Statistics. Ward **152**

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **May 28th 1887**
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Annie Matthews**
Sex, Male or Female, { Cross out the word not required in this line. } **Female**
Age, **16** Years, _____ Months, _____ Days.

Color, **Colored**

Married, Single, Widow or Widower, { Cross out the word not required in this line. } **Single**

Occupation **House work**

Birthplace, { State or country, and how long in the United States, if of foreign birth. } **Balto**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give street and Number. } **209 Perry St**

Cause of Death, { First (Primary), Second (Immediate). } **Chorea Exhaustion**

Duration of Last Sickness, **4 months**

Place of Burial **Lauri Cemetery**

Date of Burial **May 30 1887**

Undertaker **Hercules Boss**

Place of Business **401 Conney St** Address, **510 Hanson St**

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[OVER]

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Health Department, City of Baltimore.

Permit No. Al 64 Office of Registrar of Vital Statistics. Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allen Thompson & Ellen Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Parents

Age, 6 months in uterus Years, 6 months Months, 6 months Days, 6 months

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 508 Preston St. (west)

Cause of Death, { First (Primary), Second (Immediate), } Stenocardia

Duration of Last Sickness, Lived only a few hours after birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 1887

{ Undertaker, Wm. H. H. H. H. } R. M. H. H. M. D.

{ Place of Business, 541 Orchard St. Address, 1019 D. Hill Ave. } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 65 Office of Registrar of Vital Statistics. Ward 11^E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 29th 187
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George S Simmons
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, Months, 8 Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓
Occupation, none
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give Street and Number. } 543 Moore alley
Cause of Death, { First (Primary), Second (Immediate), } Spasms
Duration of Last Sickness, 4 Days
All the above information should be furnished by the Physician.
Place of Burial, Laurel cemetery
Date of Burial, May 30 / 87
{ Undertaker, A Hensley } James H. Stearns M. D.
{ Place of Business, Orchard St Address, Care 16 + 12 }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward S. J. [OVER.]

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Health Department, City of Baltimore.

Permit No. A 66

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 28 - 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William M. Barnhart

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

15 Years,

10 Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

1109 Saratoga St.

Cause of Death,

First (Primary),

Second (Immediate),

Rheumatism

Hypertrophy of Heart

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

May 31st

Undertaker,

J. J. Cowan

Place of Business,

901 Baltimore St.

Address,

506 N. Carrollton St.

J. H. A. Cuddy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department of Baltimore.

Permit No.

A 67

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Dyer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 14 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Queen Anne's Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give Street and Number. } 215 W Vincent St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Green Towne By Boat

Date of Burial, May 31 1887

{ Undertaker, William H. Burger

{ Place of Business, 150 E 1st St

Medical Attendant, H. H. H. M. D.

Address, 203 N Leary St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

4697 H. H. H.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 18

Office of Registrar of Vital Statistics.

Ward 14

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1887

Full Name of Deceased, Jenni Elizabeth Beyer

Sex, Male or Female, Female

Age, 3 Years, 3 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1845 1/2 Medical W

Cause of Death, Spontaneous
First (Primary), General Dropsy
Second (Immediate), About 3 months

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, May 30th 1887

Undertaker, John P. Paulus

Place of Business, 2009 Fred Ave.

W. R. McKnew M. D.
Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 69

Office of Registrar of Vital Statistics.

Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Cassidy,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years,

Color, White Months, — Days, —

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, dealer in liquors,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland,

Duration of Residence in the City of Baltimore, 40 Years,

Place of Death, { Give Street and Number. } John & Hillen Sts,

Cause of Death, { First (Primary), Second (Immediate), } Bright's Disease,
Oedema of lungs

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C.

Date of Burial, May 31, 1887

Undertaker, Jas O Byrne

Place of Business, 302 N Gay St

Address, 302 N Gay St

J. W. Chamberlayne

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed, 10/25/2022.

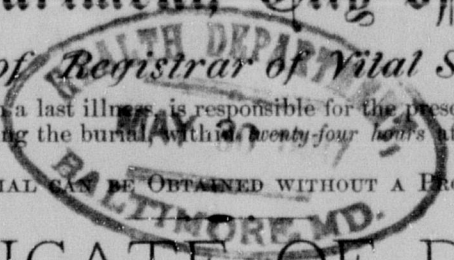
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 70 Office of Registrar of Vital Statistics. Ward 2^d

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Gemini

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 5 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 607 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, May 30 87

Undertaker, John H. Rehberger M. D. Medical Attendant.

Place of Business, 1709 Olive Ave

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[OVER.]